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<b>COMPANY:</b> United States Patent and Trademark Office	<b>DATE:</b> June 30, 2006	<b>JUN 30 2006</b>
<b>FAX NO.:</b> 571-273-8300	<b>TOTAL NO. OF PAGES:</b> (including cover sheet) 9	
<b>YOUR REFERENCE NO.:</b> 10/687,014	<b>OUR REFERENCE (C/M) NO.:</b> 06318.00001	
<b>RE:</b>		
<b>In re the Application of:</b> <b>David Duncan</b>	<b>Atty. Docket No.:</b> 06318.00001	
<b>Serial No.:</b> 10/687,014	<b>Group Art Unit:</b> 1774	
<b>Filed:</b> October 16, 2003	<b>Examiner:</b> Jill M. Gray	
<b>For:</b> TEXTURED WIRE TIE AND METHODS OF MAKING SAME	<b>Confirmation No.:</b> 7409	
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<b>NAME:</b> Jennifer Marchese	<b>PHONE:</b> 312.463.5526	

**COMMENTS:****AMENDMENT AND REQUEST FOR CONTINUED EXAMINATION**

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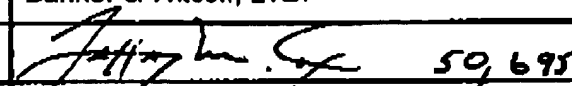
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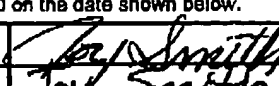
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/687,014
	Filing Date	October 16, 2003
	First Named Inventor	David Duncan
	Art Unit	1774
	Examiner Name	Jill M. Gray
Total Number of Pages in This Submission	Attorney Docket Number	06318.00001

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE Transmittal Fax Cover Sheet
<b>Remarks</b> Commissioner of Patents is hereby authorized to charge any additional fees or credit any overpayments to deposit account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Wendell W. Harris		
Date	30 June 2006	Reg. No.	55,881

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Signature	
Typed or printed name	Joy Smith
Date	6-30-06

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**for FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 560.00

Complete If Known

Application Number 10/687,014

Filing Date October 16, 2003

First Named Inventor David Duncan

Examiner Name Jill M. Gray

Art Unit 1774

Attorney Docket No. 06318.00001

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Small Entity  
Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50 25

Multiple dependent claims

200 100

360 80

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP=

x

=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP=

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Transmitted plus 2 month

Fees Paid (\$)

560.00

Ext. of Time minus credit for previously paid 1 month ext. of time.

**SUBMITTED BY**

Signature

Name (Print/Type)

Wendell W. Harris

Registration No  
(Attorney/Agent)

55,881

Telephone

312-463-5000

Date

30 JUNE 2006

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